SBIR Technical Conference Call
Questions for NIH

July 23, 2003

1. For the pilot, is it okay for to use a self-signed Certificate for the SSL? If so, how should the initial handshake between the keystores be handled? We currently get an ssl.handshake.exception when try to send something.

Answer: We are not sure why you need to create your own certificate to send a ticket to the exchange. We are using Verisign on our system, which is a well-known Certificate Authority (CA). You should be able to access the NIH Exchange by using Verisign as the CA.

We are not sure which technology that you are using trying to send a ticket with. If you are using Java, the JDK includes a keystore that has the Verisign trusted certificate. The keystore file "*cacert*" can be found in the java_home\jre\lib\security. You can contact us for technical help on how to set this up.

For the pilot, you test your ticket without using SSL by sending it to http://arch4.era.nih.gov:7780. However, you should resolve the SSL problem since it will be the only way to access the exchange in the future.

We would rather that you not use a self-signed certificate for the pilot on your site. The exchange would throw an exception since it would not recognize you root certificate. It would require that NIH enter your certificate into our *cacert*. If you want, we can go to your site in non-ssl mode to pick up the file for the pilot.

Please contact Gerald Momplaisir directly to resolve this issue.

2. In the new CGAP spec, the SOAP Body inside SOAP Envelope has two child nodes, <eb:Manifest> and <cb:cgapBody>. SOAP RPC treats them as two methods calls. However, currently no SOAP implementation supports multiple methods calls in a single request/response structure. (SOAP 1.1 spec didn''t specifically mention this but newest SOAP 1.2 spec would seem to restrict the SOAP body to a single request or response struct. See the RPC section—http://www.w3.org/TR/2003/REC-soap12-part2-20030624/#rpcinvocation.) And Apache SOAP will NOT call <cb:cgapBody> when we include both <eb:Manifest> and <cb:cgapBody> in SOAP body. How can we solve this without changing CGAP Spec?

Answer: We have already discovered this problem and intend on making the Manifest optional in the SOAP:body. The Manifest is intended for handling the Grant Application Document and attachments in an EDI style SOAP Message. The Manifest does not have any use in the RPC style request/response anyway.

3. In *Summary of CGAP processing for the July Pilot,* dated 06/23/2003, page 2, under "Information from Service Provider," "Authentication information for Service Provider HTTPS Listener provided during registration. (User name, password)," we wonder, do we need to manually check the HTTP GET from NIH (i.e., provide interface allowing NIH login through a browser) or automatically check the GET (i.e., allowing NIH to tack on the username and password to the end of the GET from a command line)?

Answer: I am not sure if I understand the question of automatically or manually checking authorization. We are using the standard HTTP Authorization. The Authorization scheme is "Basic" which also expects a username:password encoded in base 64. Here is a sample request:

- GET /soap.message HTTP/1.1
- User-Agent: Mozilla/1.1N
- Accept: */*
- Accept: image/gif
- Authorization: BASIC d2VibWFzdGVy0npycW1hNHY=

As this is standard HTTP, your web server should handle this.

4. Is there still value in creating functionality that is available via NIH eRA Commons?

One of the few benefits of duplicating the NIH eRA Commons functionality would be that one could then provide a single source and interface. Otherwise users will have to use both the Service Provider's Interface and NIH's. Will there be ANY functionality for the extramural research community that will ONLY be possible via direct access to NIH eRA Commons via the website?

Answer: We do not know at this time. A guess is that some system administration and registrations activities will be done via a Web site such as the eRA Commons for a long time and then verified by the NIH.

Until we resolve policy issues with electronic signatures and approvals, the eRA Commons will be used to obtain a sign off on applications by the SO and PI.

The security model needs to be fleshed out before we can plan to provide all the eRA Commons functions. I do not think I have clear answer on how the submitting organization delegates authority to the service provider to access information in the NIH on their behalf.

We are also planning outgoing transactions through the Exchange such as the Notice of Grant Award and its awarded budget data. That type of transaction will add value to the system.

5. We would like an updated Planned activities and milestone for the CGAP testing with SBIRS (an updated version from the last conference call).

Answer: We have made a couple of minor changes in the schedule. The schedule was designed to make you aware of the NIH release plan. It does not represent deadlines for the SBIRs. The Pilot is an ongoing process and the NIH staff is here to assist you. So, if there are any difficulties, please do not hesitate to contact us directly. We are not publishing the origin of questions but we will publish the technical answers or tips provided.

We are also working on a reference implementation, essentially a sample of an implementation at the service-provider site, using the Java and UNIX technologies. We can make that code available as soon as it is working. We can make the code available before it has undergone integration test to the brave souls who will take the risks of bugs and changes. Some elements may become available as early as next week. But it must be understood that it is not supported or integration-tested code. No warranties, just a sample implementation.

6. Are you planning on using service providers to provide continuations?

Answer: Yes, in fact, the expectation is that service providers would provide the means for communication of continuations from institutions to the NIH and back to the institutions. However, this goal takes a back seat until the current project is well underway and its goals accomplished.